

PART B - FEE(S) TRANSMITTAL

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7590

10/18/2004

Thomas M. Lundin
 Attn: Thomas M. Lundin, Esq.
 PHILIPS MEDICAL SYSTEMS (CLEVELAND), INC.
 595 Miner Road
 Highland Heights, OH 44143

10/29/2004 MBERHE1 00000046 141270 09990127

01 FC:1501 1370.00 DA

02 FC:1504 300.00 DA

03 C:8 APPLICATION NO. 00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION

09/990,127

11/21/2001

Jeffrey H. Yanof

PII 3330

2796

TITLE OF INVENTION: DIAGNOSTIC IMAGING INTERVENTIONAL APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/18/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAW, SHAWNA JEANNINE	3737	600-417000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas M. Lundin

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Koninklijke Philips Electronics N.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Eindhoven, The NetherlandsPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Gov

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number 14-1270 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Tom Lundin

Date

October 26, 2004

Typed or printed name

Thomas M. Lundin

Registration No.

48,979

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